



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

Nov 14, 2011

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND
RESERVE AFFAIRS)
JOINT STAFF SURGEON
DIRECTOR, MARINE CORPS STAFF
DIRECTOR, HEALTH, SAFETY, AND WORK-LIFE,
UNITED STATES COAST GUARD

SUBJECT: Post-Deployment Rabies Risk Evaluation

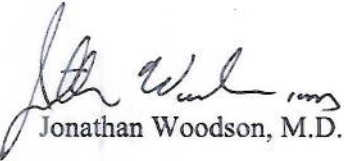
Reference: Assistant Secretary of Defense for Health Affairs Memorandum, Post-Deployment
Rabies Risk Evaluation, September 23, 2011

This memorandum and attachment supersede the memorandum of the same title dated September 23, 2011. The U.S. Central Command has a clear policy (General Order 1) forbidding the adoption, caring for, or feeding animals because of the threat of infectious diseases to include rabies. Close contact with local animals, particularly bites from mammals (including bats, but not small rodents), constitute serious health risks to deployed personnel. Bites and saliva exposures to broken skin, eyes, or mouth require prompt medical evaluation.

Department of Defense (DoD) Instruction 6490.03, "Deployment Health," requires the completion of a DD Form 2796, "Post-Deployment Health Assessment (PDHA)," and a DD Form 2900, "Post-Deployment Health Reassessment (PDHRA)," following deployments. During reviews of the PDHA/PDHRA, health care providers should closely scrutinize the forms for annotations regarding animal bites/scratches. When identified, those individuals should be asked: (1) if the Service member reported the event to a medical provider, and if so, when and where; (2) if the Service member was treated and how; and (3) if the Service member received rabies post-exposure prophylaxis. An attempt should be made to confirm whether the evaluation and treatment followed approved protocols (attached). If proper evaluation or treatment may not have occurred, immediately refer the individual to a provider knowledgeable in rabies risk assessment and treatment.

The Services must ensure careful review, evaluation, and disposition of the post-deployment health assessments, including all concerns noted on the forms, to ensure that our Service members receive the very best care. Please report to me by December 1, 2011, on the actions taken to verify implementation of these post-deployment requirements.

I appreciate your support of this important effort to help ensure rabies exposure risks of our DoD personnel are carefully assessed and fully investigated. Any questions should be directed to Dr. R. Craig Postlewaite, Force Health Protection and Readiness. Dr. Postlewaite may be reached at (703) 578-8513, or at Craig.Postlewaite@tma.osd.mil.

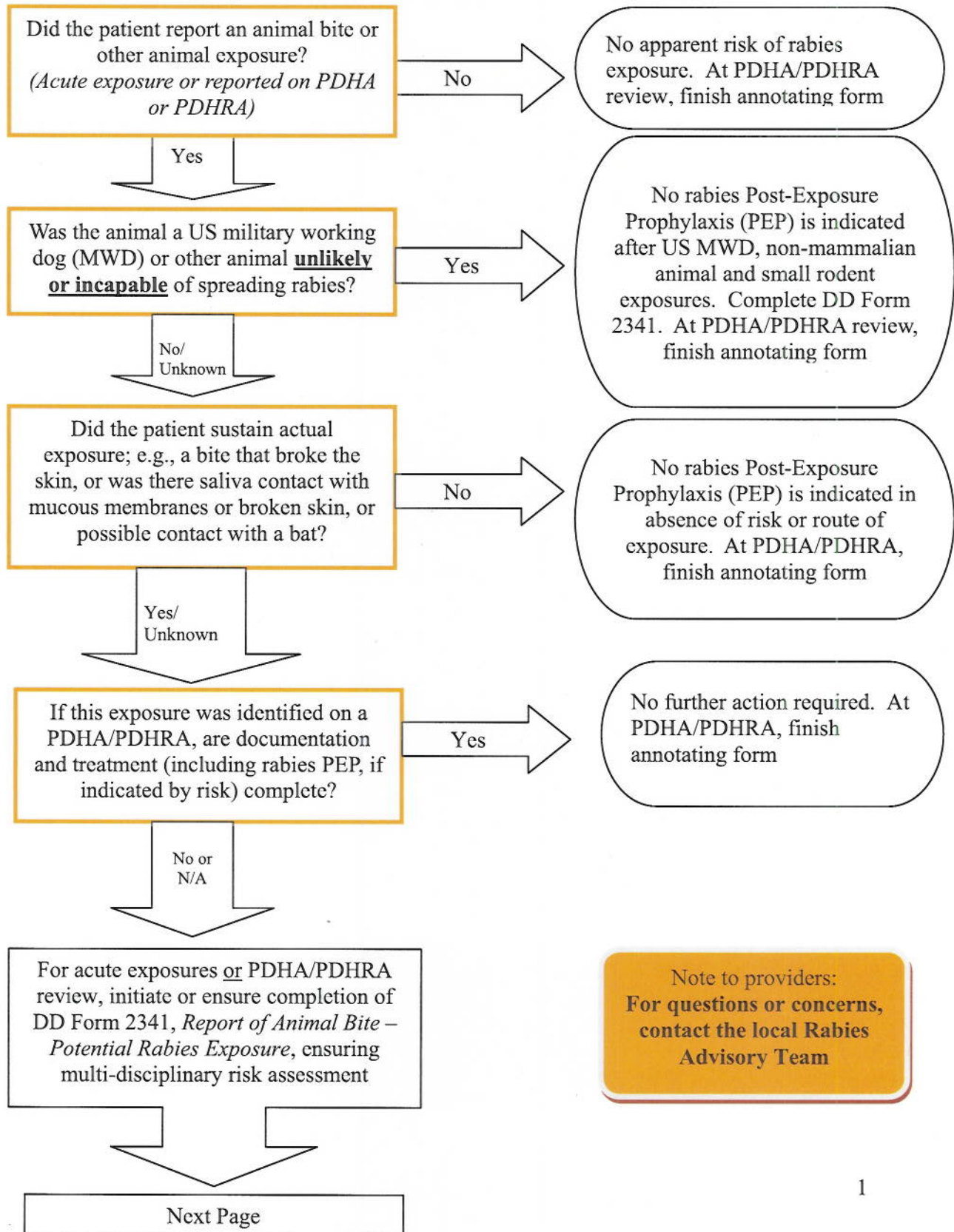


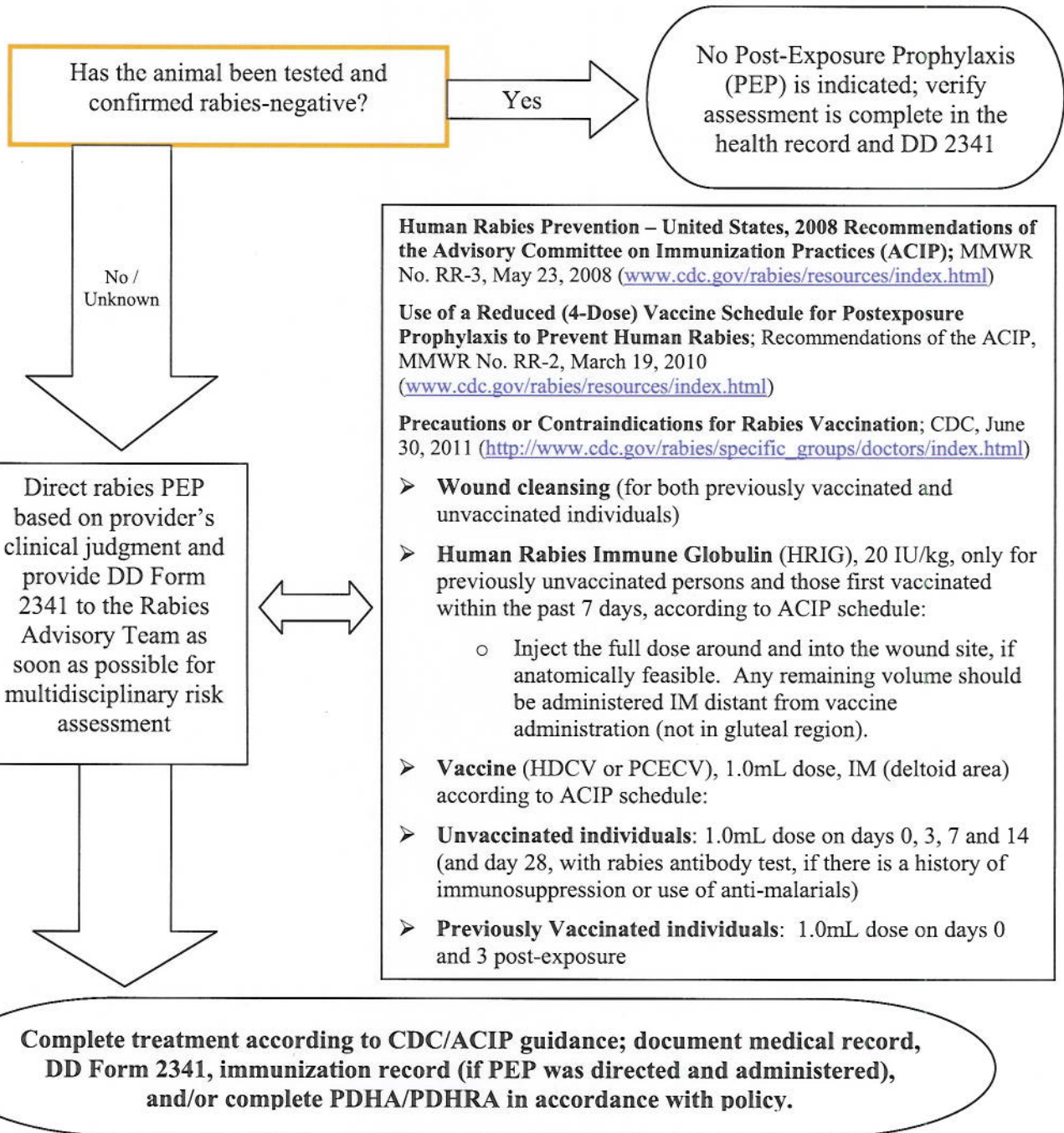
Jonathan Woodson, M.D.

Attachment:
As stated

cc:
Undersecretary for Health, Department of Veterans Affairs
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Surgeon General, National Guard Bureau
Medical Officer of the Marine Corps

**Rabies Exposure Risk Assessment/Evaluation/Treatment:
Deployment-Related Potential Rabies Exposures**





Policy References:

- DoDD 6205.02E, *Policy and Program for Immunizations to Protect the Health of Service members and Military Beneficiaries*, Sept 2006.
- DODI 6490.03, *Deployment Health*, Aug 11, 2006
- AR 40-905/SENAVINST 6401.1B/AFI 48-131, *Veterinary Health Services*, Aug 29, 2006.
- DA PAM 40-11, *Preventive Medicine*, Oct 19, 2009
- BUMEDINST 6220.13, BUMED-M11, *Rabies Prevention and Control*, May 28, 2004
- AFI 48-105, *Surveillance, Prevention, and Control of Diseases and Conditions of Public Health Significance*, Mar 1, 2005